


<b>TRANSMITTAL SLIP</b>		DATE
TO: Office of Logistics		
Attn: Mr. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
ROOM NO.	BUILDING	
1117	Qtrs Eye	
REMARKS:		
<p>This is your portion of the Hall Committee Report as sent forward from the I.O.'s Office to the President's Board of Consultants.</p> <p>The attached copy is for your guidance in submitting future reports of this type.</p> <p style="text-align: center;"></p>		
FROM: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
ROOM NO.	BUILDING	EXTENSION
2-1018	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>

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FORM NO 241  
1 FEB 55

REPLACES FORM 36-8  
WHICH MAY BE USED.

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